## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless correct maintenance fee notifica		nerwise in Block 1, by (a		_		arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
26646		/2010			cate of Mailing or Trans		
KENYON & F ONE BROADW NEW YORK, N	VAY		I her State addr trans	reby certify that this I es Postal Service with essed to the Mail Semitted to the USPTO	Fee(s) Transmittal is bein sufficient postage for fir cop ISSUE FEE address (571) 273-2885, on the company of the control of t	g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.	
						(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A'	ITORNEY DOCKET NO.	CONFIRMATION NO.	
10/578,339 05/05/2006		Rainer Strohmaier	10191/4596		6590		
TITLE OF INVENTION	N: DEVICE FOR MEASU	URING THE PRESSURE	IN A GAS MIXTURE				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/16/2011	
EXAM	MINER	ART UNIT	CLASS-SUBCLASS				
KAUR, GURPREET		1759	204-424000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor	reprinting on the patent front page, list the names of up to 3 registered patent attorneys ents OR, alternatively, the name of a single firm (having as a member a tered attorney or agent) and the names of up to istered patent attorneys or agents. If no name is a non name will be printed.			
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI-	less an assignee is ident th in 37 CFR 3.11. Comp GNEE DSCH GMBH	ified below, no assignee pletion of this form is NO	(B) RESIDENCE: (CITY STUTTGART,	atent. If an assignee assignment.  and STATE OR COU	INTRY) EPUBLIC OF G		
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛛 Corp	oration or other private gr	oup entity Government	
4a. The following fee(s) are submitted:    Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   A check is enclosed.   Payment by credit card.   A check is enclosed.   Advance Order - # of Copies   The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number   11-0600 (enclose an extra copy of this form).							
a. Applicant claim	atus (from status indicate	us. See 37 CFR 1.27.	b. Applicant is no long				
NOTE: The Issue Fee an interest as shown by the	nd Publication Fee (if req records of the United Sta	uired) will not be accepte ites Patent and Trademark	a from anyone other than the Office.	ne applicant; a registe	red attorney or agent; or t	he assignee or other party in	
Authorized Signature			7	Date $3/6$	8/11		
Typed or printed name Gerard A. Messina Registration No. 35,952							
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, N Alexandria Virginia 22	tions for reducing this bu Virginia 22313-1450. DC	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the DNOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 mir idual case. Any commer, U.S. Patent and Tr. D THIS ADDRESS. S	public which is to file (an uutes to complete, includi nents on the amount of ti demark Office, U.S. Dep END TO: Commissioner	d by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.